

EDITORIALS

THE ART AND PRACTICE OF MEDICAL WRITING

The little book of some 150 pages by George H. Simmons, the dean of medical editors, and Morris Fishbein, editor, *Journal of the American Medical Association*, recently issued from the American Medical Association press under the above title, stands pre-eminent among the many useful books of its class. This book, which is a revised and enlarged edition of the well-known "style book" of the *Journal of the American Medical Association* and more, is destined to have a far-reaching beneficial influence upon medical writing.

Even the most experienced medical editors and authors will find "The Art and Practice of Medical Writing" decidedly helpful; less experienced writers and beginners will find it an essential guide in the development of a most difficult specialty—medical writing.

There are three classes of medical periodicals: Those which in effect are records of transactions of medical bodies: they are about as interesting and useful as a census report. Another class is devoted to promoting interests, financial, group or personal, without due regard for scientific progress: they, properly speaking, are not legitimate medical literature, but propaganda. They are what are widely known as "house organs." The third and important group of medical periodicals is that which promotes primarily the cause of medical science. Magazines of this group reflect the standing and intelligence of the best medical thought of their communities and particularly of their editors and contributors. Periodicals of this class are growing in usefulness and influence and their onward progress will be materially aided by following the sound principles laid down in "The Art and Practice of Medical Writing." Most good medical magazines are owned and published by medical organizations, among which are found influences supporting each of the above mentioned classes of magazines, the dominant medical influence of any community being constantly and lucidly reflected in the medical magazine they issue.

Contributions of medical authors who comply with the principles laid down by Simmons and Fishbein in their little book are always welcomed by editors of good medical periodicals and accepted for publication within the limits of available space, and of the purposes of the magazine; those whose contributions are declined may usually find the reasons fully explained in "The Art of Medical Writing."

BIBLIOGRAPHIES

The editor of CALIFORNIA AND WESTERN MEDICINE receives quite a number of letters commending or criticizing our present attitude of not publishing bibliographies except in special instances. Some of the chief reasons why references and bibliographies are not printed are emphasized in the following

abstract of a letter from one of our Editorial Councilors:

"The bibliography furnished by Doctor _____ with his article on _____, is not worthy of publication. It is an insult to the editor of a medical journal to ask him to use up space (which could be utilized for another article) in publishing a list of journals and books which the writer did not use in preparing his paper. I have investigated all of the articles referred to in the bibliography and am satisfied that the author consulted none of them, as *most of his references are incorrect*.

"Detail men take up our time trying to sell us a 'research service.' For \$2 an hour they will collect pages of references that sound as though they might have a bearing on the subject. Many an author writes a ten-page article, quoting therein ten or twenty authorities, and then appends an eight-page '\$2 an hour' bibliography that does not include a single one of the authorities referred to in the paper. A *carefully prepared* bibliography is often as important as the article itself. Its preparation requires much research and the mere transcribing of the titles takes about four times as long as the text.

"Only two methods of listing references are recognized, that of the Cumulative Index and of the Index Medicus. Every author who prepares his own bibliography follows one or the other system. Hence, what is the editor to infer as to the bibliography that gives only surnames, no initial and no title; or uses different abbreviations in adjacent references for the same journal; or refers to a foreign journal merely by number when that year may not be on file in the Surgeon General's library; or refers to a foreign volume that contains 760 pages as 'pp 1—760' when his reference is on page 23 in the volume? Then why waste space on incorrect references that the writer has not read and the editor knows he has copied from a translated abstract? Pages of unessential references with incorrect titles, volumes, years or pages do not impress the editor nor will they fool any informed reader and the uninformed is not interested although he may be impressed. This is comparable to the Grant Avenue Chinaman's 'window dressing.' The Oriental naively explains that it impresses the ignorant and has no relationship to what is in the store.

"Bibliographies made up of references used by an author in his paper always should be published, for the reader can often find a reference in the bibliography that may open new fields of literature to him. Unfortunately, the Cumulative Index and the Index Medicus list merely titles and too often the author's title gives you no information as to the contents of his paper. A list of references prepared by a hired assistant or a 'research institute' which adds nothing to the paper and is generally full of mistakes should never be allowed space. No person wants to search for incorrect references. The rule followed by Sir John Thomson-Walker is an excellent one—those articles which have good bibliographies are listed first, consequently it is not necessary to quote individually all the references."

There is no more difficult work than that of accurately checking and editing a bibliography.

Good bibliographies are valuable, at least in original research work and in certain classes of reviews. On the other hand, there is nothing more harmful than an inaccurate or incomplete collection of alleged references bearing upon a subject. The actual checking up of quoted references from actual papers has long since established the fact that fully 50 per cent of bibliographic references attached to manuscripts are incorrectly applied or incompletely made.

CALIFORNIA AND WESTERN MEDICINE has neither the funds nor the personnel to do this tedious difficult work for authors. If the majority of the members who own the magazine wish bibliographies of the right kind, and the California Medical Association will so instruct the editor and provide funds for a competent librarian to do the work, we will be very glad to add that service to the magazine.

This matter will be one of the points mentioned in the editor's report to the California Medical Association at its 1926 session. Those who wish changes made in the policies that are now being carried out under council rulings should make their wishes known by letters to the secretary of the California Medical Association or by instructing their delegates to the 1926 convention to act as they wish them to act in this particular question.

WHO NEXT?

Minnesota wins and California loses in the transfer of Walter C. Alvarez from the University of California Medical School and Hooper Foundation to the Mayo organization.

Alvarez undoubtedly will be happier and more usefully productive in the stimulating atmosphere and more comfortable surroundings that characterize Mayo's or any other intelligently conducted medical center. But what about California's loss? Will the University promptly fill this important vacancy, or will they save money by leaving it vacant as they have other important positions in the San Francisco departments of the medical faculty?

George Whipple, an outstanding pathologist and medical teacher of world-wide reputation, was allowed to leave the deanship of our State university some years ago because of stupid parsimony and insecurity of tenure called "economy." The position has remained vacant since that time. Why Doctor L. S. Schmitt has been *Acting* Dean during these weary years is difficult to understand unless, as is now humorously stated, "*Acting*" has become a new pedagogic title in our State medical educational system. If Schmitt is worthy, he ought to be appointed Dean, and given the salary of the position; if he is not deserving, some one qualified should be called to this important position, given a decent salary, some security of tenure, and enough authority to perform some overdue surgery necessary to save a seriously ill but nevertheless much worthwhile patient.

Not only medical alumni of the University of California, but decent doctors, and many other loyal citizens everywhere, are becoming seriously disturbed over the lackadaisical management of

the San Francisco departments of this one time great medical school. This school is costing the people of California some millions of dollars annually. They ought to spend much more upon it and no doubt will do so when they see evidences of better use of what they are now supplying. The faculty still has the services of many splendid physicians and medical teachers who are doing all they can under conditions made difficult for somewhat obscure reasons. But that spirit of progress and team work which is the greatest asset any medical institution can have is not strikingly evident at the University of California Medical School. Under capable leadership, sound financing and the intelligent delegation of necessary authority, it can be, ought to be, and must be restored.

INTRAVENOUS USE OF DYES

Reports in the literature have indicated for some time the uncertain status of the dyes used intravenously in the treatment of certain infectious diseases. The recent discussion by Churchman (page 243), leaves the impression that the entire subject of intravenous dye therapy is handicapped by serious limitations and uncertainties. The factor of spontaneous recovery is rightly emphasized and should be taken more seriously into account with all therapeutic agents than it generally is. An important difficulty is the uncertain nature of septicemias themselves. No two seem to be alike. In this state of affairs it is obviously difficult to secure adequate controls for proper evaluation of the dye treatment. What appears to be a successful cure in one case may be entirely accidental as far as participation of the dye is concerned, and the result in another case is not predictable. In fact, the literature contains several reports of negative and even detrimental results.

A limitation to the dyes appears to be an alleged inability to attack hidden foci of infection. There is no reason to believe that such hypothetical foci are less permeable than the tissues in general, whose permeability to the dyes is claimed to be good. The lack of curative efficiency may or may not rest on this alleged difficulty. Other possibilities remain. For one thing, the dyes may, and probably do, produce effects other than those on micro-organisms. It is known that many agents may produce beneficial effects in clinical infections independently of antiseptic efficiency, or of their etiology. This seems to be true of the agents used in non-specific therapy, many of which are injected intravenously. For instance, typhoid vaccine is reported to be beneficial in rheumatic fever; and peptone, milk, plasma, foreign colloids, certain irritants, etc., are claimed to benefit both acute and chronic infectious diseases irrespective of the etiology.

The physical and chemical changes in the blood and tissues produced by agents used intravenously are important. The changes range from the just demonstrable to marked and probably explain the reactions, and even deaths that sometimes occur. The dyes that are advocated intravenously (gentian violet, mercurochrome, etc.), have not been investigated sufficiently from this standpoint, but if one